

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Reinforced Medical Probe Cover
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As the below named inventor(s), I/we declare that:

This declaration is directed to:

☒ The attached application, or

☐ Application No. _____ filed on _____.

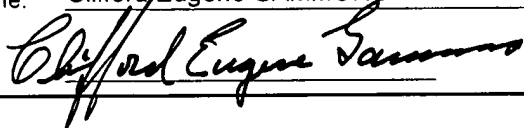
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)	
Inventor one:	Clifford Eugene GAMMONS
Signature:	 Citizen of: U.S.A.
Inventor two:	_____
Signature:	_____ Citizen of: _____
Inventor three:	_____
Signature:	_____ Citizen of: _____
Inventor four:	_____
Signature:	_____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	GAMMONS
Title	Reinforced Medical Probe Cover
Art Unit	
Examiner Name	
Attorney Docket Number	27455.00

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Adroit Medical Systems, Inc., Clifford Eugene Gammons, President

Signature

Clifford Eugene Gammons
2-9-04

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Adroit Medical Systems, Inc.

Application No./Patent No.: _____ Filed/Issue Date: _____

Entitled: Reinforced Medical Probe Cover

Adroit Medical Systems, Inc., a corporation of Tennessee
(Name of Assignee) (Type of Assignee, e.g. corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %
in the patent application/patent identified above by virtue of either:

A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

[] Additional documents in the chain of title are listed on a supplemental sheet.

- [X] Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2-9-04
Date
865-458-8600
Telephone number

Clifford Eugene Gammons
Typed or printed name
Clifford Eugene Gammons
Signature
President
Title

ASSIGNMENT

I, the below-identified Inventor, for good and valuable consideration, receipt of which is hereby acknowledged, have assigned and do hereby assign to

Adroit Medical Systems, Inc., a corporation of Tennessee, domiciled in Loudon, TN

(hereinafter "Assignee") , its successors, assigns, and legal representatives the entire right, title and interest throughout the world in and to all subject matter invented by me and disclosed in the application for a Letters Patent in the United States executed by me on the date hereinafter indicated entitled:

Reinforced Medical Probe Cover

and in and to all patent and all foreign, convention and treaty rights of all kinds, in all countries throughout the world, for all such subject matter or improvements therein. I agree to sign all papers necessary to secure all said patent rights, and request issuance of all said patents to Assignee in accordance with this assignment.

2-9-04
Date

Clifford Eugene Gammons
Inventor
Clifford Eugene GAMMONS
784 Butler Drive
Loudon, TN 37774
Loudon County, TN

IN THE COUNTY OF <u>Loudon</u>	
STATE OF <u>Tennessee</u>) ss.:	
I hereby certify that before me personally appeared <u>Clifford Eugene GAMMONS</u> , personally known by me, who then and there was duly sworn by me, and under oath acknowledged that the foregoing instrument was duly signed, sealed and delivered by <u>Clifford Eugene GAMMONS</u> on the date appearing at the foot thereof, all of which took place within my jurisdiction.	
<u>Grazyna Gammons</u> NOTARY PUBLIC	My Commission Expires: <u>11.11.04</u>

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

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First Named Inventor	GAMMONS
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